
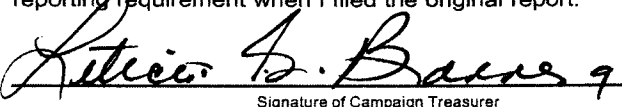



# CORRECTION AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

See backside for instructions

1 ACCOUNT #	2 Total pages filed: <u>1 of 4</u>	
3 COMMITTEE NAME	Enrique M. Barrera Campaign	
4 TREASURER NAME	FIRST MI LAST Leticia G. Barrera	OFFICE USE ONLY
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____	Date Received  Date Hand-delivered or Date Postmarked  Receipt #      Amount Legal      Totals Date Processed Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year      Month Day Year 01/01/01      THROUGH      03/26/01	
7 EXPLANATION OF CORRECTION	Rent for campaign headquarters was not included as no invoice was received.	

8 AFFIDAVIT <div style="border: 1px solid black; padding: 5px; margin: 10px 0;">  <b>MARK EDWARD CAMARILLO</b>          MY COMMISSION EXPIRES          January 14, 2004       </div>	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, that I did not intend to violate a reporting requirement when I filed the original report.  <div style="text-align: right;">           Signature of Campaign Treasurer       </div>	
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me by <u>Leticia Barrera</u> this the <u>14<sup>th</sup></u> day of <u>Sept.</u> , 20 <u>01</u> .		
to certify which, witness my hand and seal of office.		
 Signature of officer administering oath	Mark Edward Camarillo Printed name of officer administering oath	Notary Title of officer administering oath

**Remember to Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**



# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

2-4 of 4

3 COMMITTEE NAME

Enrique M. Barrera Campaign

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6435 Buena Vista  
San Antonio, TX 78237

5 CAMPAIGN TREASURER NAME

TITLE Mrs. FIRST Leicia MI G.  
NICKNAME LAST SUFFIX  
Barrera

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

6435 Buena Vista  
San Antonio, TX 78237

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

6435 Buena Vista  
San Antonio, TX 78237

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 432-2431

9 REPORT TYPE

☐ January 15  
☐ July 15

☒ 30th day before election  
☐ 8th day before election  
☐ Runoff

☐ Exceeded \$500 limit  
☐ Dissolution (attach PAC-DR)  
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

01/01/01

THROUGH

Month Day Year

03/26/01

11 ELECTION

ELECTION DATE  
Month Day Year

05/05/01

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

**12 COMMITTEE  
NAME**

Enrique M. Barrera Campaign

**ACCOUNT #**  
(Ethics Commission filers)

**13 COMMITTEE  
PURPOSE**

 (Attach lists on plain  
paper to complete this  
report if necessary.)

☒ CANDIDATE

**CANDIDATE / OFFICEHOLDER NAME**

Enrique M. Barrera

☐ OFFICEHOLDER

**OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)**
☒ SUPPORT

☐ OPPOSE

☐ ASSIST  
(officeholders only)

☐ MEASURE

**BALLOT IDENTIFICATION / #**
**ELECTION DATE**  
Month Day Year

**DESCRIPTION**
**14 NO REPORTABLE  
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION  
TOTALS**

 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

 2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -0-

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

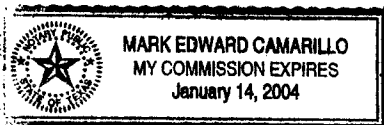
\$ 2,500-

**OUTSTANDING  
LOAN TOTALS**

 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ -0-

**16 AFFIDAVIT**

 I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to be  
reported by me under Title 15, Election Code.


*Leticia Barrera*

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Leticia Barrera, this the 14<sup>th</sup> day  
of Sept., 20 01, to certify which, witness my hand and seal of office.

*Mark Edward Camarillo*

Signature of officer administering oath

Mark Edward Camarillo

Printed name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 (4m of 4)

2 FILER NAME

Enrique M. Barrera Campaign

3 ACCOUNT # (Ethics Commission filers)

4 Date

01  
01/01

5 Payee name

Ithaca Investments

6 Payee address; City; State; Zip Code

7121 Hwy 90, San Antonio, TX 78227

7 Amount (\$)

2,500

8 Purpose of payment (See instructions regarding type of information required.)

Rent for Headquarters through  
election

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Enrique M. Barrera

City Council  
Dist. 6

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED